

tive was to determine the impact of the PDL on net costs and utilization of LANA, total narcotic analgesics, and non-narcotic substitute drugs. **METHODS:** We obtained Arkansas Medicaid claims data from January 2003 to July 2007. Net costs based on CMS-rebates and mg of morphine equivalents (MEq) obtained from standardized conversion tables were the primary outcome variables. Autoregressive-integrated-moving-average ARIMA time series models of monthly measures were estimated. Interrupted OLS time series models were estimated to capture the impact of the policy on the shifts in trend and intercept. **RESULTS:** There were 709,791 Medicaid eligibles, of which 3,227 used a LANA whom had an average age of 44.65 years, 39.36% male, and 80.54% white. The PDL was associated with a \$1.41 million (95%CI: \$0.37–\$2.43 million) and a \$1.78 million (95%CI: \$0.48–\$3.05 million) cost reduction for LANA and total narcotic analgesics over the 22-month post-policy period. Total narcotic utilization was not significantly different than trend utilization for 18 months of the post-policy period. The PDL was associated with a significant increase in C-II short-acting narcotic utilization of 202,828 (95%CI: 68,160–337,497) MEq and non-significant decreases in C-II LANA and CIII-V narcotic utilization. A sensitivity analysis with a term to capture the effect of generic fentanyl availability yielded more conservative cost saving estimates. There was no PDL-related increase in the utilization of benzodiazepines, migraine agents, NSAIDs, muscle-relaxants, anticonvulsants, or antidepressants. **CONCLUSIONS:** The PDL resulted in significant cost savings for narcotic analgesics. The policy did not consistently affect the overall level of narcotic analgesia prescribed, however, the policy may have steered patients toward shorter acting narcotics.

**PSY63****PATIENT-REPORTED OUTCOMES (PRO'S) AND ECONOMICS OF NEUROPATHIC PAIN IN GERMANY**Breitscheidel L<sup>1</sup>, Kreyenberg K<sup>1</sup>, Stridde E<sup>2</sup>, Eichmann F<sup>1</sup><sup>1</sup>Kendle GmbH, Munich, Germany, <sup>2</sup>Pfizer Pharma GmbH, Karlsruhe, Germany

**OBJECTIVES:** To evaluate health care resource use, costs and patient-reported outcomes (PRO's) among patients with neuropathic pain, specifically for guideline-, non-guideline- and self-treatment-groups in Germany. **METHODS:** Patients were consecutively recruited by physicians in general practice (n = 47) in 2005. Data on resource utilization due to neuropathic pain was collected retrospectively for six months. Costs were estimated from the societal perspective. PRO were assessed through generic SF-36 and disease-specific von Korff Index, and Patient Health Questionnaire Depression (PHQ-D) questionnaires at time of recruitment. Groups were compared using multivariable general linear modeling (GLM). **RESULTS:** Ninety-nine patients took part in this study (n = 44 self-treatment, n = 23 guideline, n = 32 non-guideline-groups). The majority of patients were overweight, 61% of all patients were women, and 29% were currently employed. Average duration of neuropathic pain was about 6.2 years and was comparable among the groups. Patients in the self-treatment-group were younger than patients in guideline or non-guideline-group (mean age 54.5 vs. 67.6 vs. 66.9 years, p < 0.0001). Mean total costs per patient and 6 months were €674.23 [95%CI 225.95; 1122.51] vs. €1507.21 [95%CI 715.48; 2298.94] vs. €1426.24 [95%CI 850.18; 2002.30] (self-treatment-vs. guideline vs. non-guideline-group, respectively, p = 0.0092, by GLM adjusted by age and BMI). PRO as evaluated by von Korff Index and PHQ-D were better in the self-treatment-group patients. The groups did not differ in the mean component scores of SF-36. **CONCLUSIONS:** Patients in self-treatment-group in this study had the lowest societal mean total

costs per patient and better PRO's (as evaluated by von Korff Index and PHQ-D) compared to other groups. No major differences were detected between guideline and non-guideline patients.

**PSY64****PATIENT-REPORTED OUTCOMES (PRO'S) AND ECONOMICS IN PATIENTS WITH BACK PAIN IN GERMANY**Breitscheidel L<sup>1</sup>, Kreyenberg K<sup>1</sup>, Stridde E<sup>2</sup>, Eichmann F<sup>1</sup><sup>1</sup>Kendle GmbH, Munich, Germany, <sup>2</sup>Pfizer Pharma GmbH, Karlsruhe, Germany

**OBJECTIVES:** To assess PRO and costs in German patients with back pain, specifically for guideline, non-guideline, and self-treatment-groups. **METHODS:** Patients (n = 145) were recruited by physicians in general practice (n = 54) in 2005. Resource utilization data due to back pain was collected retrospectively for six months. Patients completed the generic SF-36, and the disease-specific Hannover Functional Questionnaire (FFbH), von Korff Index and Patient Health Questionnaire Depression (PHQ-D) forms at the time of enrollment. Groups were compared using multivariable general linear modeling (GLM). **RESULTS:** Patients (n = 72 self-treatment, n = 29 guideline-, n = 44 non-guideline-groups) were on average 54 years old, 64% of them were women. Patients with self-treatment were younger, more likely to be employed and had lower BMI than patients in guideline or non-guideline-group (mean age 49.8 vs. 59.4 vs. 57.4 years; mean BMI 24.9 vs. 28.2 vs. 26.8). Average duration of back pain was about 7.3 years and was comparable among the groups. The groups differed regarding the SF-36, the von Korff index, FFbH-R and frequency of PHQ-D somatoform symptoms. The self-treatment group reported the highest mean physical component of the SF-36 compared to other groups (39.6 ± 10.4, p = 0.0011, adjusted by age). Mean total societal perspective costs per patient were (€417.61 [95%CI 171.03; 664.18] vs. €3159.17 [95%CI 933.62; 5384.73] vs. €1640.58 [95%CI 818.02; 2463.13], self-treatment-vs. guideline vs. non-guideline-group, respectively). The major cost factors were: in the self-treatment-group, reduction of earning capacity (43.4%), sport activities (26.9%), and remedies (19.3%); in the guideline-group, sick leaves (64.0%), prescribed medications (10.1%), and visits to physicians (6.2%); and in the non-guideline-group, sick leaves (23.8%), remedies (20.7%), and reduction of earning capacity (12.7%). **CONCLUSIONS:** PRO seem to be better and costs lower in self-treatment-group. The major cost factors are different among guideline, non-guideline and self-treatment-groups, while costs are positively related to age and unemployment.

**URINARY/KIDNEY DISORDERS—****Clinical Outcomes Studies****PUK1****CLINICAL ATTITUDES ON CHRONIC GRAFT DYSFUNCTION: THE ICEBERG STUDY**Font B<sup>1</sup>, Saval N<sup>1</sup>, Gatell S<sup>1</sup>, Andrés I<sup>1</sup>, Grinyó JM<sup>2</sup>, Campistol JM<sup>3</sup><sup>1</sup>Novartis Farmacéutica S.A, Barcelona, Spain, <sup>2</sup>Hospital Universitari de Bellvitge, Hospitalet de Llobregat, Spain, <sup>3</sup>Hospital Clínic i Provincial de Barcelona, Barcelona, Spain

**OBJECTIVES:** Renal impairment after transplant is associated to a greater risk of death. It is of interest to assess how and when the diagnosis is made. To evaluate the diagnostic method of renal dysfunction (Clinical or Histological). **METHODS:** Observational and multicenter study including 872 renal transplant patients with at least two years post-transplant. Data were retrospectively collected at five time points since transplant. Clinical